

**Documentation Checklist: Process Guidelines for Medication Management and Reduction of Adverse Drug Reactions**  
*Revised February 2004*

<b><u>Assessment/Problem Definition</u></b>	<b>Yes</b>	<b>No</b>
<b>May relate to F Tag: 271 (Admission Orders); 272 (Comprehensive Assessment); 274 (Assessment-Significant Change); 329 (Unnecessary Drugs)</b>		
1. Was the problem or condition (onset, frequency, intensity, duration, etc.) for which a medication was being given clearly identified?		
2. Was the rationale for the use of medication as treatment for the problem or condition clearly identified?		
3. Were risk factors identified for the use of prescribed medications, given the resident's condition and existing medication profile?		
<b><u>Diagnosis/Cause Identification</u></b>		
<b>May relate to F Tag: 281 (Standards of Care); 329 (Unnecessary Drugs); 333 (Medication Errors); 386 (Physician Services); 426 (Pharmacy Services); 428 (Pharmacy Review); 429 (Pharmacy Report)</b>		
4. For any new or recurrent loss of appetite/weight, fall, or change in mental status/behavior, was the drug regimen reviewed to determine the possibility that one or more medications may have contributed to the change in condition or functional decline?		
5. When a new or recurrent loss of appetite/weight, fall, or change in mental status/behavior resulted in adding another medication to treat the symptom, was it explained why the additional medication was the most appropriate treatment?		
6. When a recent change of condition has occurred, was an adverse drug reaction or a problem related to medication administration (transcription error, illegible handwriting, adequate fluid for swallowing, taken with/without food, the amount of medication taken at one time, right resident, right medication, right dose, right time, right route, etc.) considered as a contributing factor to the resident's change in condition?		
<b><u>Treatment/Problem Management</u></b>		
<b>May relate to F Tag: 222 (Chemical Restraint); 279 (Comprehensive Care Plan); 309 (Quality of Care); 329 (Unnecessary Drugs); 386 (Physician Services); 428 (Pharmacy Review); 430 (Action)</b>		
7. Were significant risks related to individual medications or medication combinations identified and addressed for individual residents?		
8. Was it explained why the benefit of a high-risk medication, dose, medication combination or other factors outweighed the potential risk?		
9. Were likely adverse drug reactions of loss of appetite/weight, falls, or change in mental status/behavior managed in a timely manner by changing the medication or dose, or documenting why such changes could not or should not be made?		
<b><u>Monitoring</u></b>		
<b>May relate to F Tag: 274 (Reassessment-Significant Change); 276 (Quarterly Review); 279 (Comprehensive Care Plan); 281 (Standards of Care); 309 (Quality of Care); 329 (Unnecessary Drugs); 386 (Physician Services); 428 (Pharmacy Review); 429 (Pharmacy Report); 430 (Action)</b>		
10. Was the resident periodically monitored for significant effects, side effects, and complications (monitor target symptoms, perform appropriate laboratory tests, etc.)?		
11. Was there a timely response to identified or likely adverse drug reactions?		
12. Was a possible adverse drug reaction monitored until the symptoms resolved or another cause for the symptoms was identified?		

*Signature of Person(s) completing the form and date:*

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